

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

600 East Amite Street, Suite 100 • Jackson, Mississippi 39201-2801 • (601) 944-9622 • www.dentalboard.ms.gov

REQUEST FOR GRANDFATHERING OF PROVIDER ANESTHESIA/SEDATION PERMIT

Instructions

- Per regulation 30, all dental providers who administer anesthesia or sedation in a dental office, must obtain a class 1, class 2, or class 3 permit.
- Existing permit holders will be allowed to submit for one of these permits as his/her credentials allow.
- The Dental Board reserves the right to request information from providers if there is a question regarding appropriate credentials.

For MSBDE Only:

Date of Reciept:

Permit Request

I _____, _____ currently hold the following permit: **Select One**
(Last Name) (First Name)

My permit number: Expires (mm/yy):

Please select your current permit level above.

Are you requesting a Pediatric Endorsement?

No Yes, I attest to the following:

Signature

I fully understand that any significant misstatements in or omissions from this request constitute cause for denial of approval. All information submitted by me in this request is true to my best knowledge and belief. I further understand that the Board will post on its Internet web site all information it deems necessary to enable the public to verify my licensure status.

I have read the Mississippi State Dental Practice Act and Board Regulations and promise to abide by them and to conduct myself in an ethical manner at all times. I further promise to abide by future policies that may be established by the Mississippi State Board of Dental Examiners.

Date

Signature of Applicant

Submit Options

Submit

Mail:
Mississippi State Board of Dental Examiners
600 East Amite Street, Suite 100
Jackson, MS 39201